SUPERVISOR'S OWCP CHECKLIST

Name:_____ DOI:_____ Claim #:_____

1. Injury Reported -

- ❑ Employee reports incident by completing OSHA form at website https://www.ecomp.dol.gov/#
- ❑ Employee may then access CA 1, Traumatic Injury or CA 2, Occupational Disease claim form

2. Notify Safety -

- ❑ Upon receipt of OSHA 301 email notification, review and forward form to Safety

3. Medical Documentation – Upload into WEEDS (*Must be signed by physician)*

- ❑ CA-16, Authorization for examination (only issue within 48hrs of injury)
- ❑ CA-20, Attending Physician's Report (each time medial treatment received)
- ❑ CA-17, Duty Status Report (must submit after each treatment)
- ❑ Injured employee must notify physician that Agency offers light duty

4. Continuation of Pay (COP) – *Must be supported by medical documentation*

- ❑ **45 calendar days entitlement following date of traumatic injury**
- ❑ Time card code for COP: LU for date of injury and LT 45 days after injury
- ❑ Four digit code for time card is month and day of injury
- ❑ If claim is denied, change COP to LS, LA or LWOP
- ❑ Notify ICPA when COP is used (supporting medical documentation required)

5. Medical Authorization – *Must be supported by medical justification*

- ❑ Physician requests authorization: phone (844) 493-1966, fax (800) 215-4901, http://owcp.ddl.acs-inc.com
- ❑ Medical Provider must have **ACS Provider Number** to receive authorization
- ❑ Physician must state ICD-9, diagnosis code and CPT, procedure code

6. Compensation after 45 days – *IF NEEDED - Must be supported by medical documentation*

- ❑ Must be in LWOP (Leave Without Pay) status
- ❑ CA-7, Claim for Compensation (submit every two weeks)
- ❑ SF-1199A, Direct Deposit Sign-up
- ❑ After 80hrs of LWOP, submit SF-52 to HRO requesting LWOP status
- ❑ Pay rate is three-fourths (3/4) *with* dependents and two-thirds (2/3) *without* dependents

7. Medical Bills –

- ❑ Website: http://owcp.dol.acs-inc.com (**Provider search is available on this site**)
- ❑ Medical Provider must have **ACS Provider Number** to receive payment
- ❑ Bills submitted manually must be submitted on HCFA-1500 or UB-92

Mailing Address: US Dept of Labor-OWCP
PO Box 8300
London, KY 40742-8300

ACS Customer Service: (844) 493-1966

8. Reimbursement – *IF NEEDED*

- ❑ OWCP-915 - Medical and OWCP-957 - Travel – Submit with required documentation to ICPA

9. Agency Point of Contact – ICPA:

State Headquarters
Address
Street
City/State/Zip

Phone:
Fax:
E-mail: